

Please type a plus sign (+) inside this box → **[+]**

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	VPR-001US
First Named Inventor	Andrew L. DiRienzo
COMPLETE IF KNOWN	
Application Number	09/444,507
Filing Date	11/22/99
Group Art Unit	2166
Examiner Name	Carolyn M Bleck

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**METHOD OF COORDINATING MAINTENANCE OF VITAL PATIENT
DATA AND SOFTWARE THEREFOR**

the specification of which

(Title of the Invention)

is attached hereto
OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/109,453	11/23/1998	<input type="checkbox"/>

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 363(d) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to potentiality as defined in 37 CFR 1.56 which becomes available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT International application numbers are listed on a supplemental activity data sheet PTO/SB/095 attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number [REDACTED] → Place Customer Number Bar Code Label here
OR
 Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
Raymond H. J. Powell, Jr.	34,231		
Robert A. Westerlund	31,439		
Ramon R. Hoch	34,108		

Additional registered practitioners listed on supplemental Registered Practitioner Information sheet PTO/SB/093 attached hereto.

Direct all correspondence to: Customer Number [REDACTED] OR Correspondence address below

Name	WESTERLUND & POWELL, P.C.		
Address	122 N. Alfred Street		
Address			
City	Alexandria	State	Virginia
Country	USA	Telephone	(703) 706-1862
		Fax	(703) 706-5860

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: A petition has been filed for this unsigned inventor

Given Name (first and middle initial)		Family Name or Surname		
Andrew L.	<i>Andrew DiRienzo</i>			Date 11/24/07
Inventor's Signature				
Residence: City	Elizaville	State	NY	Country
Post Office Address	118 Weaver Road			
Post Office Address				
City	Elizaville	State	NY	Zip
			12523	Country
				US

Additional inventors are being named on the *Supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto*

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

**STATEMENT CLAIMING SMALL ENTITY STATUS
(37 CFR 1.8(f) & 1.27(b))—INDEPENDENT INVENTOR**Docket Number (Optional)
VPR-001USApplicant, Patentee, or Identifier: Andrew L. DiRienzoApplication or Patent No.: New Patent Application

Filed or issued:

Title: **METHOD OF COORDINATING MAINTENANCE OF VITAL PATIENT DATA AND
SOFTWARE THEREFOR**

As a below named inventor, I hereby state that I qualify as an independent inventor as defined in 37 CFR 1.8(c) for purposes of paying reduced fees to the Patent and Trademark Office described in:

- the specification filed herewith with title as listed above.
- the application identified above.
- the patent identified above.

I have not assigned, granted, conveyed, or licensed, and am under no obligation under contract or law to assign, grant, convey, or license, any rights in the invention to any person who would not qualify as an independent inventor under 37 CFR 1.8(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.8(d) or a nonprofit organization under 37 CFR 1.8(e).

Each person, concern, or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

- No such person, concern, or organization exists.
- Each such person, concern, or organization is listed below.

Separate statements are required from each named person, concern, or organization having rights to the invention stating their status as small entities. (37 CFR 1.27)

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

Andrew L. DiRienzo

NAME OF INVENTOR

NAME OF INVENTOR

NAME OF INVENTOR

Andrew L. DiRienzo

Signature of Inventor

Signature of Inventor

Signature of Inventor

11/21/99

Date

Date

Date

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231